

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 3-9-04.

I. DISPUTE

Whether there should be reimbursement for 72148-WP on 5-14-03 denied by the carrier as “D – duplicate billing.

II. RATIONALE

On 4-14-04, a Notice was issued stating that the Division determined that the issues in dispute are related to reimbursement based on fee issues only. Per Rule 133.307(g)(3), the Notice also requested the requestor to submit additional documentation necessary to support the fee charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

The requestor's initial dispute included a copy of the Contested Case Hearing dated 11-25-03. The carrier was ordered to pay medical and income benefits.

The requestor submitted relevant information to support delivery of service per Rule 133.307(g)(3)(A-F). Therefore, recommend reimbursement of \$924.00.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT code 72148-WP. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$924.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision, and Order are hereby issued this 28th day of May 2004.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division